METHODS FOR DIAGNOSING THE FORMATION OF RETENTION OF THE UPPER PERMANENT CANINES.

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ABSTRACT

This article makes analyses of the methods for diagnosing the formation of retention of the upper permanent canines. On this case, research has pointed out on the development of the research on different points as the whole. In conlcusion, research has been pointed on various features of the methodology and theoritical points as the whole.

Keywords: Methods, diagnosis, formation, retention, permanent, canines

INTRODUCTION

A retentive tooth (from Latin-retention, containment) is a tooth that will not be able to erupt properly, since it is completely or partially covered by bone or thick gum tissue.

Worldwide data of Russian and foreign authors, the number of patients with this pathology seeking surgical and orthodontic care is different. In the structure of treatment of patients with dentoalveolar anomalies (DFA) in Russia, according to research data, from 4.0 to 18.0% of patients with retention of the upper permanent canines. Abroad, the prevalence of retention of the upper permanent canines, according to the latest data, is significantly lower, which is from 0.8 to 3.0% .

Resorption of the roots of adjacent teeth, the formation of odontogenic tumors, abnormal eruption of adjacent teeth, violation of the capture and biting of food – this is a whole series of morphological problems and structural destruction that entails the retention of the upper permanent canines. This in turn leads to a number of aesthetic claims that are made by patients with retention of the upper permanent canines, including a violation of the smile line, a discrepancy in the center of the dentition, an anomaly in the position of the teeth, and facial asymmetry.

We examined the endocrine factors related to the functions of the endocrine glands, which are of great importance for the functioning of the child, significantly affecting the formation of his dentoalveolar system and the development of the oral mucosa. They can influence the origin of dental anomalies during both prenatal and postnatal development of the child. Hypothyroidism, endemic goiter, idiopathic form of hypoparathyroidism, pseudohypoparathyroidism, cerebral pituitary nanism, Frelich's disease, rickets, according to many domestic and foreign authors, can lead to an abnormal position and violation of the terms of eruption .

The roots of the lateral incisors are characterized by another guide for the eruption of permanent upper canines. To resist the pressure from the crowns of the erupting canines, the roots of the lateral incisors, in a child of eight or nine years old, should be sufficiently formed. As a result, the final eruption of the canines should lead to the straightening of the position of the incisors and the formation of adequate interdental contacts. The canine eruption may deviate either vestibularly or palatally relative to the dental arch, in the absence of contact between the canine crown and the root of the lateral incisor. Edentulous or microdontia lateral incisors leads to a lack of a guide for the eruption of the canines.

Extra-complete teeth, located in the direction of permanent complete teeth, often cause their retention. This phenomenon is called hyperdontia. More than 80% of supercomplete teeth are found on the upper jaw and 90% of them are located in the anterior part of it.

Pressure on the rudiments of the corresponding permanent teeth from cysts or tumor foci can also cause retention. Odontoma is the most common odontogenic neoplasm, consisting of abnormal or incorrectly

differentiated odontogenic tissues. Clinically, an odontoma is virtually indistinguishable from an extra-complete tooth and can also counteract the development and eruption of permanent canines.

Odontogenic cysts are most often associated with a violation of the eruption of permanent teeth. The upper canines are affected more often than the other teeth. Sometimes the cause of the cyst is pulpitis of the baby tooth. After excision of the neoplasm, the tooth can erupt independently, provided there is sufficient space in the dental arch.

The shortening and narrowing of the upper dentition, which is also associated with the upper micrognathia, leads to a lack of space for all complete teeth, which may be one of the reasons for the retetion of canines.

It is not always possible to divide the factors leading to the retention of permanent canines of the upper jaw into general and local, endogenous and exogenous, so this division, according to many authors, is conditional.

Another compatriot on the basis of the results of the study suggested that the clinical and morphological classification of anomalies in the timing of eruption of permanent teeth, which considers the following etiological factors: the lack of space in the dentition, the anomaly position reportaugust tooth anomaly size and shape naportivshey teeth, supernumerary teeth, congenital disorders of the maxillofacial region.

It is proved that it is possible to establish the retention of teeth only on the basis of X-ray examination of the alveolar parts of the jaws. Intraoral X-ray techniques, orthopantomography, telerentgenography, multispiral computed tomography, cone-beam computed tomography are currently used to diagnose retented and dystopian teeth.

Intraoral radiography is performed on dental X-ray diagnostic devices. It includes the following types of research: contact, occlusal and interproximal radiography. In the diagnosis of retented and dystopian teeth, intraoral radiography is of limited use, since it does not give a complete picture of the state of the dentoalveolar system. However, it is possible to detect the presence of the tooth germ and its condition, to determine the stage of formation and development of the tooth root, to assess the state of periapical fabrics, discover supernumerary teeth, to determine the prospects of teeth, to detect a pathological lesion limited nature.

Localization of the upper permanent canines can be established using standard radiological methods, while there is image distortion, superimposition of three-dimensional structures, artifacts, projection errors, and sometimes poor image quality.

CONCLUSIONS

The lower radiation load during CBCT is achieved due to the fact that the value of the current and the anode voltage (voltage) in the installations is many times less — 70-90 kV and 3-8 mA, for MSCT these values are — 120-140 kV and 100 mA, respectively. Thus, the radiation load from a single study varies from 0.04 to 0.08 mSv, depending on the type of tomograph [65]. According to SanPiN 2.6.1.802-99, for practically healthy individuals, the annual effective dose during preventive medical radiological procedures should not exceed 1 mSv. Based on these data, the method of cone-beam computed tomography can be attributed to low-dose studies.

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